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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e) required)	Attorney Docket Number	MINSH-001A
	First Named Inventor	BILL MINSHALL
	COMPLETE IF KNOWN	
	Application Number	UNKNOWN
	Filing Date	HEREWITH
	Group Art Unit	UNKNOWN
	Examiner Name	UNKNOWN

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

ANTI-TUMOR VACCINE

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U S C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U S C 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

U S Parent Application or PCT Parent Number	Patent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U S or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith ☒ Customer Number _____ → 007663

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

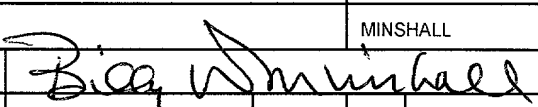
☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB02C attached hereto.

Direct all correspondence to ☒ Customer Number _____ OR ☐ Correspondence Address Below
or Bard Code Label 07663

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U S C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: _____ ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname			
BILL		MINSHALL			
Inventor's Signature				Date	10/22/01
Residence, City	IRVINE	State	CA	Country	USA
Post Office Address	2233 MARTIN STREET #324				
Post Office Address					
City	IRVINE	State	CA	ZIP	92612
				Country	US

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB02A attached hereto

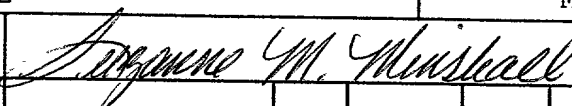
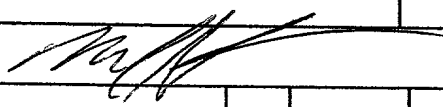
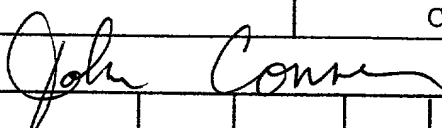
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SUZANNE				MINSHALL			
Inventor's Signature				Date			
Residence: City		IRVINE		State		CA	
				Country		USA	
Citizenship				US			
Post Office Address		2233 MARTIN STREET # 324					
Post Office Address							
City		IRVINE		State		CA	
				ZIP		92612	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
MICHAEL				SKOTZKO			
Inventor's Signature				Date		26 Oct 97	
Residence: City		THOUSAND OAKS		State		CA	
				Country		USA	
Citizenship				US			
Post Office Address		2452 MARKHAM AVENUE					
Post Office Address							
City		THOUSAND OAKS		State		CA	
				ZIP		91360	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JOHN				CONNER			
Inventor's Signature				Date			
Residence: City		SHERMAN OAKS		State		CA	
				Country		USA	
Citizenship				US			
Post Office Address		4440 SEPULVEDA BOULEVARD #203					
Post Office Address							
City		SHERMAN OAKS		State		CA	
				ZIP		91403	
				Country		USA	

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN
Filing Date	HEREWITH
First Named Inventor	MINSHALL ET AL.
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	MINSH-001A

I hereby appoint:

☒ Practitioners at Customer Number _____ → 007663
Attention: [attorney name]

OR

☐ Practitioner(s) named below:

Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number: Attention: [attorney name]

OR

☐ Practitioners at Customer Number _____ → Code Label here
Attention: [attorney name]

OR

☒ Firm or Individual Name
MATTHEW A. NEWBOLES
STETINA BRUNDA GARRED & BRUCKER

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Address SUITE 250

City ALISO VIEJO State CA ZIP 92656

Country USA

Telephone (949) 855-1246 Fax (949) 855-6371

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE OF Applicant or Assignee of Record

Name BILL MINSHALL

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231